

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. **10/009931** FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1		0				
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50						
TOTAL IND.			↓	↓	↓	↓
TOTAL DEP.	←	↓	↓	←	↓	↓
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DER.	IND.	DEP.
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TOTAL IND.			↓	↓	↓	↓
TOTAL DEP.	←	↓	↓	←	↓	↓
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS